

LIVING WILLS & DURABLE POWERS OF ATTORNEY WORKSHEET

Fill out the information below if you wish to have the Offutt AFB Legal Office prepare the following documents for your estate planning needs:

Living Will: A Living Will (also known as a medical directive or advance directive) is a written document that states a person's wish to decline life-support or other medical treatment in certain circumstances, usually when death is imminent. Generally, a Living Will takes effect when a person becomes terminally ill, permanently unconscious or conscious with irreversible brain damage.

Durable Health Care Power of Attorney: A Durable Health Care Power of Attorney compliments a Living Will by designating an agent to make health care decisions for you if, due to illness, you are incapable of making those decisions for yourself.

Durable Financial Power of Attorney: A Durable Financial Power of Attorney becomes effective if you become incapacitated due to illness and allows an agent to take care of your financial needs such as writing checks on your account to pay your bills and filing income tax forms on your behalf.

YOUR NAME & ADDRESS

Yes - No

- ☐ ☐ Would you like to obtain a Living Will and A Durable Health Care Power of Attorney? If yes, please complete the following:

Primary Agent to act on your behalf (Full Name)

Agent's Relationship to You

Primary Agent's Address (including city and state)

Agent's Telephone Number

Alternate Agent to act on your behalf (Full Name)

Agent's Relationship to You

Alternate Agent's Address (including city and state)

Agent's Telephone Number

Yes - No

- ☐ ☐ Would you like to express a desire to donate your organs?
- ☐ ☐ If yes, do you want to limit organ donation for transplants only (as opposed to giving broad authority to use your organs for medical and research purposes)?
- ☐ ☐ Would you like to express a desire to die at home if reasonably feasible?
- ☐ ☐ Would you like to obtain a Durable Financial Power of Attorney? If yes, complete the following:

Primary Agent to act on your behalf (Full Name)

Agent's Relationship to You

Primary Agent's Address (including city and state)

Agent's Telephone Number

Alternate Agent to act on your behalf (Full Name)

Agent's Relationship to You

Alternate Agent's Address (including city and state)

Agent's Telephone Number

PRIVACY ACT STATEMENT: Authority: 10 USC 8072 and 9397. Principal Purpose: Used as a worksheet for drafting of Living Wills and Powers-of-Attorney. Information will be used by the Legal Office Personnel in the preparation of your Power of Attorney. It will not be disseminated outside the legal office and is considered confidential. Disclosure: Failure to provide information will preclude preparation of your Powers-of-Attorney.